

Office Use Only
Application No. _____
Grant Award No. _____

ADMINISTRATIVE OFFICE OF THE COURTS
Department of Family Administration
SPECIAL PROJECTS
GRANT APPLICATION
Fiscal Year 2009

I. Applicant Information

Project Name: _____
Grantee/Organization Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____
Organization Director (if applicable): _____
Project Director: _____
Federal ID Number (EIN) (<u>required</u>): _____
DATE SUBMITTED: _____
TOTAL AMOUNT REQUESTED: _____

II. Grant Information

NOTE: In applying for Special Project grant funds, applicants agree to abide by the Fiscal Year 2009 Grant Guidelines.

This Special Projects Application has been prepared and submitted by:

_____ Name (Printed)	_____ Title
_____ Signature	_____ Date

This Special Projects Application has been approved for submission by:

_____ Name (Printed)	_____ Title (Organization Director/CEO)
_____ Signature	_____ Date

III. Payment Information

Payee: _____

Person to Whom Payment is to be sent:

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Person authorized to approve project expenditures:

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Please use this form to submit your budget request for Fiscal Year 2009. Fiscal Year 2009 covers the period from July 1, 2008 through June 30, 2009. Application requests must be received no later than May 9, 2008. Please submit **SEND ONE (1) SIGNED ORIGINAL PLUS NINE (9) COPIES OF COMPLETE APPLICATION to the following address. We cannot accept faxed, emailed or incomplete requests:**

*Pamela Cardullo, Ortiz, Executive Director
Department of Family Administration
Administrative Office of the Courts
Maryland Judicial Center
580 Taylor Avenue, 2nd floor
Annapolis, MD 21401
Phone: 410-260-1580*

Instructions for completing the application

Applicants should use the applicant information page (above) as the cover sheet for their application. The remainder of the grant application should be in narrative form, with the applicant answering each of the questions listed below. The narrative portion of the application should not exceed five (5) pages in duration. applications should be submitted on 8 1/2 x 11" paper, utilizing one inch margins and 12 point font. In addition to the cover sheet and narrative detailing the project for which you are seeking funding, the application should include the budget request. Any questions concerning the format of the application should be directed to Pamela Cardullo Ortiz at (410) 260-1580.

I. Project Goal

Identify and articulate a statement to summarize the goal of the project.

II. Project Summary

Identify and articulate a description of the project for which you are requesting funds to support.

III. Project Period

Identify the date in which the project will begin as well as the date of completion. (Note: Generally, funds are requested for a twelve month period beginning on the first day of the state's fiscal year.)

IV. Statement of Need

Demonstrate the need for the program for which you are applying based upon data available regarding the population to be served.

V. Outcomes

Identify the specific outcome(s) that will be obtained over the project period. Please articulate specific measurable objectives, tasks and timeline (either within the narrative or as a separate chart). Along the global outcomes for the project, please identify any specific products that will be produced.

VI. Benefits to the Court

Please describe, in detail, the specific benefits of the project to individuals accessing the courts. Please attach letters of support as appropriate.

VII. Court Collaboration

Please identify if this is a collaboration with the Court and attach letters of support as appropriate.

VIII. Community Collaborations

Please describe, in detail, what collaborations within the community the project will participate in (example: DVCC, community education to the public, etc.).

IX. Resources to support the project

Please identify all resources that are currently supporting the project and/or any funding sources that may be appropriate to partially support the program in the future. Also, please identify any soft matches for the program to include volunteer resources available to support the project goal and objectives.

X. History of organization

Please provide a brief description of the organization seeking funding to include their history, accomplishments and collaborative efforts within the community.

XI. Evaluation

Please identify the evaluation method that you propose for the project. Include informal as well as formal initiatives that the project will undertake (ie, satisfaction surveys completed by clients served, evaluation of the benefit of services with a formal entity such as a local university, etc.)

XII. Project Budget

A. Please identify the total project costs as well as the amount of funding requested from the Department of Family Administration to support this project.

B. Please complete the attached budget form indicating the line item requests for the project.

C. Provide a narrative summary of the budget request submitted to explain all line item requests.

D. Please indicate below your funding needs for this project over the time period for which funding is being requested.

PROPOSED BUDGET FY 2009
Special Projects Grant

Please indicate below your funding needs for this project over the time period for which the funding is being requested.
Please return this form with your grant application.

Description Operation Expenses	Special Project Grant Annual Expenditures	Special Project Grant One-Time Costs	Total Special Project Grant Expenses [A + B]	Contributions from Other Sources	TOTAL Program Costs [C + D]
	A	B	C	D	E
Personnel Costs					
Personnel (list positions & itemize salary/fringe for each): 1. 2. 3. 4.					
Administrative Costs					
Equipment/Software (list each separately): 1. 2. 3.					
Contracts/Consultants (list each separately): 1. 2. 3.					
Printing/Photocopying					
Supplies					
Telephone					
Training: 1. 2.					
Travel					
Other Direct Costs (specify): 1. 2. 3. 4.					
Indirect Costs/Administrative					
TOTALS					